

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 JUN 10 PM 2:22

Full Name of Committee <b>Kevin L. Boyce for Columbus City Council Committee</b>						Registration Number, if PAC <b>FRANKLIN COUNTY BOARD OF ELECTIONS</b>					
Full Name of Candidate <b>Kevin L. Boyce</b>											
Street Address <b>250 West Street</b>						Office Sought <b>City Council</b>				District	
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43215</b>			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0	M	5	0	D	3
						0		5	0	Y	5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐  
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	6,470.96
2. Total monetary contributions (From Form No. 31-A)	\$	14,680.00
3. Total other income (From Form No. 31-A-2)	\$	21,150.96
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	10,704.80
6. Balance on hand (line 4 minus line 5)	\$	10,445.16
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**Aaron L. Granger**

*Aaron L. Granger*

**06/10/2005**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution  
pages **7**

Expenditure  
pages **2**

Other  
pages **0**

Total  
pages **9**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce for Columbus City Council Committee</b>						
Full Name of Contributor <b>Donald B. Shackelford</b>				Registration Number, if PAC		
Street Address <b>21 East State Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>2,500</b>
Full Name of Contributor <b>Thekla R. Shackelford</b>				Registration Number, if PAC		
Street Address <b>21 East State Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>2,500</b>
Full Name of Contributor <b>Gayle Saunders</b>				Registration Number, if PAC		
Street Address <b>2788 Floribunda Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>100</b>
Full Name of Contributor <b>Ty Marsh</b>				Registration Number, if PAC		
Street Address <b>190 Rustic Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>150</b>
Full Name of Contributor <b>Stewart Smith</b>				Registration Number, if PAC		
Street Address <b>1638 Minturn Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>150</b>
Full Name of Contributor <b>M/I Homes PAC</b>				Registration Number, if PAC <b>CP1203</b>		
Street Address <b>3 Easton Oval, Suite 500</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>500</b>
Full Name of Contributor <b>Robert J. (Skip) Weiler, Jr.</b>				Registration Number, if PAC		
Street Address <b>41 South High Street, Suite 2200</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 0 5</b>	Amount <b>100</b>
Full Name of Contributor <b>Graphic T's, Inc.</b>				Registration Number, if PAC		
Street Address <b>532R Main Street P.O. Box 248</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Groveport</b>	State <b>OH</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>6</b>	Y <b>1 0 0 5</b>	Amount <b>250</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce for Columbus City Council Committee</b>									
Full Name of Contributor <b>Marlene Lynn</b>						Registration Number, if PAC			
Street Address <b>7725 Kelvinway Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>20</b>
Full Name of Contributor <b>John P. Carney</b>						Registration Number, if PAC			
Street Address <b>357 E. Torrence Rd.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>100</b>
Full Name of Contributor <b>Rafe Lewis</b>						Registration Number, if PAC			
Street Address <b>P.O. Box 10149</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>25</b>
Full Name of Contributor <b>Committee For Cindy Lazarus</b>						Registration Number, if PAC			
Street Address <b>404 South Chesterfield</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>300</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
Full Name of Contributor <b>William D. Faith</b>							Registration Number, if PAC				
Street Address <b>340 Clinton Heights Ave.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>150</b>
Full Name of Contributor <b>Douglas G. McMarlin</b>							Registration Number, if PAC				
Street Address <b>386 Eastmoor Blvd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>250</b>
Full Name of Contributor <b>Jo Anne St. Clair</b>							Registration Number, if PAC				
Street Address <b>209 Olentangy Street</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>35</b>
Full Name of Contributor <b>Greta J. Russell</b>							Registration Number, if PAC				
Street Address <b>674 Bellamy Place</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43213</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>100</b>
Full Name of Contributor <b>Adam Flatto</b>							Registration Number, if PAC				
Street Address <b>136 E. 64th Street, Apt. #8-E</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>New York</b>		State <b>NY</b>	Zip Code <b>10021</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>2,000</b>
Full Name of Contributor <b>Central Ohio Realtors</b>							Registration Number, if PAC				
Street Address <b>2700 Airport Drive</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>1,000</b>
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Y	Amount

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Page Total **\$3,535**

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce For Columbus City Council Committee</b>					
Full Name of Contributor <b>Michael McCord</b>				Registration Number, if PAC	
Street Address <b>786 South Front Street</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>42315</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>cash</b>					
Full Name of Contributor <b>Janelle N. Simmons</b>				Registration Number, if PAC	
Street Address <b>2686 Bloom Drive</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Yvette Austin-Palmer</b>				Registration Number, if PAC	
Street Address <b>5723 Willowcreek Cir.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>42313</b>	Y <b>1</b>	Amount <b>200</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>David Wiles</b>				Registration Number, if PAC	
Street Address <b>7615 Sharah Lee</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Concord Township</b>		State <b>OH</b>	Zip Code <b>44077</b>	Y <b>1</b>	Amount <b>250</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Christie Angel</b>				Registration Number, if PAC	
Street Address <b>600 South Grant Ave</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Derrick R. Clay</b>				Registration Number, if PAC	
Street Address <b>7717 Early Measows Road</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43082</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Rachel M. Milella</b>				Registration Number, if PAC	
Street Address <b>413 Reinhard Ave.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>check</b>					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$950**

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce For Columbus City Council Committee</b>				
Full Name of Contributor <b>Edwin B. Hogan</b>			Registration Number, if PAC	
Street Address <b>2727 Mitzi Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>cash</b>				
Full Name of Contributor <b>Jeffrey D. Porter</b>				
Street Address <b>2584 Breanna Place</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Amount <b>100</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Takeysha M. Sheppard</b>				
Street Address <b>2637 Quarry Valley Rd.</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Amount <b>100</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Jayne Patricia Moore</b>				
Street Address <b>1632 Bryden Road</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43205</b>	Amount <b>100</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Marcus A. Ross</b>				
Street Address <b>4468 Keeler Drive</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43227</b>	Amount <b>100</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Connie Klema</b>				
Street Address <b>P.O. Box 991</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>Pataskala</b>	State <b>OH</b>	Zip Code <b>43062</b>	Amount <b>100</b>	
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Eric D. Carmichael</b>				
Street Address <b>1299 Brookwood Place</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Amount <b>100</b>	
Form (Cash, Check, etc.) <b>check</b>				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **700**

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce For Columbus City Council Committee</b>				
Full Name of Contributor <b>Oyango A. Snell</b>			Registration Number, if PAC	
Street Address <b>1681 Carstare Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43227</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>cash</b>	
Full Name of Contributor <b>Amy E. Greer</b>			Registration Number, if PAC	
Street Address <b>254 Buttles Ave., Apt 2</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Laurel A. Beatty</b>			Registration Number, if PAC	
Street Address <b>268 E. Gates Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Mysheika R. Lemile-Williams</b>			Registration Number, if PAC	
Street Address <b>324 Hanford Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Anthony Jay Dascenzo</b>			Registration Number, if PAC	
Street Address <b>1012 Hunter Ave.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Judith T. Politi</b>			Registration Number, if PAC	
Street Address <b>1077 Bruck Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Laurie C. McEnery</b>			Registration Number, if PAC	
Street Address <b>397 Pingee Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43086</b>	Y <b>1</b>	Amount <b>100</b>
			Form (Cash, Check, etc.) <b>check</b>	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$700**

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Bricker & Eckler LLP				Registration Number, if PAC #OH 821	
Street Address 100 South Third Street		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 500
Full Name of Contributor Nationwide Better Citizenship Fund				Registration Number, if PAC OH259	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 1,000
Full Name of Contributor A. Robert Hutchins				Registration Number, if PAC	
Street Address 411 Town Street		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
Full Name of Contributor Wiles, Boyle, Burkholder & Bringardner				Registration Number, if PAC	
Street Address 115 W. Main Street		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 500
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00
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Total expenditures this event.

\$0.00
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Page Total \$ 2,100
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## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee							
To Whom Paid Steven Hightower				M	D	Y	Amount 89.00
Address 258 E. Lane Ave.		Purpose Food					
City Columbus	State OH	Zip Code 43201	Check Number 1254				
To Whom Paid Brianstorm Media, Inc.				M	D	Y	Amount 4,814
Address 1020 Goodale Blvd.		Purpose Media					
City Columbus	State OH	Zip Code 43212	Check Number 1255				
To Whom Paid Steven Hightower				M	D	Y	Amount 750
Address 258 E. Lane Ave.		Purpose Consulting fees					
City Columbus	State OH	Zip Code 43201	Check Number 1256				
To Whom Paid Tactical Edge, Ltd.				M	D	Y	Amount 2,000
Address 929 Harrison Ave., Suite 305		Purpose Consulting fees					
City Columbus	State OH	Zip Code 43215	Check Number 1257				
To Whom Paid Gina Gabriel				M	D	Y	Amount 1,060.80
Address 5811 Whitecraigs Ct.		Purpose Media Buyer					
City Dublin	State OH	Zip Code 43017	Check Number 1258				
To Whom Paid Tactical Edge, Ltd.				M	D	Y	Amount 595
Address 929 Harrison Ave., Suite 305		Purpose envelopes					
City Columbus	State OH	Zip Code 43215	Check Number 1261				
To Whom Paid Tactical Edge, Ltd.				M	D	Y	Amount 224
Address 929 Harrison Ave., Suite 305		Purpose literature, invitations					
City Columbus	State OH	Zip Code 43215	Check Number 1262				
To Whom Paid Teamsters Local Union 314				M	D	Y	Amount 100
Address 555 E. Rich St.		Purpose Contribution					
City Columbus	State OH	Zip Code 43215	Check Number 1263				

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee									
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount
						0	5	2	005
Address 271 East State Street		Purpose Contribution							
City Columbus	State OH	Zip Code 43215	Check Number 1264						
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	5	2	005
Address 258 E. Lane Ave.		Purpose Host Committee gifts							
City Columbus	State OH	Zip Code 43201	Check Number 1265						
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	6	0	105
Address 258 E. Lane Ave.		Purpose Consulting fees							
City Columbus	State OH	Zip Code 43201	Check Number 1266						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State OH	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State OH	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State OH	Zip Code	Check Number						